Understanding National Guidelines and a "Best Practices Document"

Written Opinion of Jeffrey A Cronk, DC President National Injury Diagnostics

Today it is not enough just to be a good practitioner, as the problem that we face is that we have a great many differing groups trying to put forth different missions for different purposes. You have the insurance companies and their differing agendas, you have the groups that they contract with such as your friendly file and chiropractic review companies, you have Medicare, you have attorneys groups, some plaintiff some defense, and you have the Chiropractic Schools, every State Chiropractic Organization, the International Chiropractic Association, the American Chiropractic Association, World Federation of Chiropractic, World Chiropractic Alliance, you have State Licensing Boards, you have specialty groups such as the National Association of Chiropractic Medicine and Orthopractics to name a few. My point is that there are so many organizations all trying to put forth their own agenda and purposes that it can be overwhelming to the field practitioner to know what to rely on when he or she is spending the majority of their time trying to get unhealthy patients healthy. Being in private practice for seventeen years I know just how time consuming that can be, especially if you are also trying to raise a family.

I bring this entire issue up because recently I received a letter from a distressed field practitioner put out by an attorney in regards to treatment guidelines. In his letter the attorney is discussing unnecessary services performed or sent out for by doctors of chiropractic (In His Opinion) and he states; "Now many of you may be thinking that you do not provide unnecessary services and thus have nothing to worry about, but let me give you a sobering federal perspective. In June 2005, The Department of Health and Human Service's Office of Inspector General issued; *Chiropractic Services in the Medicare Program: Payment Vulnerability Analysis.* He goes on to say: "The report makes the obvious observation the "lack of medical necessity is directly related to service volume, but here is what the feds think about how many patient visits might constitute medically unnecessary services:

> **When chiropractic care exceeds beyond 12 visits, it becomes increasingly likely that the individual services are medically unnecessary. Services provided among the first 12 visits in the course of treatment to a particular beneficiary were approximately 50 percent likely to be medically unnecessary. That likely hood increased to approximately 67 percent for services between the 13th and 24th and up to 100% for services beyond the 24th."**

So, we have a situation in which people who control the federal prosecutions think that whenever you see a patient more than 24 times, you are committing health care fraud, and that 2\3rds of the time when you see a patient more than 12 times you're a criminal. Some might find the government's analysis troubling."

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Now as troubling as this might sound and it is, as this attorney really has no knowledge of Medicare of the differences of patient types, patient clinical presentation or other guidelines, none-the-less this is what this attorney thinks out of Texas. How would you like to get a call about cutting your bill from him on a personal injury claim? I say this as it begs the question how many of you are over 12 visits in trauma care? Well if you are treating to what the patient needs, I would guess all of you. This article is written to give you an understanding that it is important to know your guidelines, and I will be writing more and more to make you aware of what the various guidelines are.

Oh in case you do not see how this applies to you, have you ever heard of OMS? You haven't well it is a new medical term that I found in my research travels, and it stands for Over Manipulation Syndrome. You can guess how that might be used. See an example here: http://www.prolonews.com/not_all_chiropractors_are_created_equal.htm

Now I write this as you have to be aware of guidelines as they can protect you and they give you the focus by which you can base your clinical decisions by. In injury work I have written to about a couple of guidelines, the A.M.A. Guides the Evaluation of Permanent Impairment, and the Croft Treatment Guidelines. We have explained these both on our website ass well as in earlier newsletters, so if you need to go to our website at www.nationalinjurydiagnostics.com and look at them, please do so.

Part of what we (National Injury Diagnostics) want to do is be a very good resource for you, as it is not enough today as I stated earlier, to be a good practitioner. You have to have people watching your back, which should be your State Associations; however we will help to fulfill that role for you as well, especially when there seems to be so much confusion about guidelines. In the State of Wisconsin for example we have heard about how important it is to contribute to Council on Chiropractic Guidelines and Practice Parameters (CCGPP). Now understand that if this document passes it becomes like a "Mercy Document" which many us in the field experienced as negative usage of this document to deny bills. I call to any of you to tell me in private practice of any instance in which a medical or chiropractic reviewer utilized Mercy to substantiate your treatment or bills. I have personal experience with Dr. Triano the chair of the CCGPP guidelines development as a Chiropractic reviewer say 6-8 years ago and it was not a good one. Definitely not pro chiropractic, unless you feel that being told that you have over-utilized bordering on Fraud when all care had been substantiated with Guidelines and all Dr Traino used was personal opinion and credentials. You know the drill.

Now I know this all sounds a bit political but it needs to be said and then I will give you a solution and why I am writing about this in the first place. Many of you are so busy in private practice that decisions about how you practice are being made for you and I need to make you aware of some of them.

To go on, our State Wisconsin Chiropractic Association publishes in May 2005 Newsletter about the "Best Practices" CCGPP document, and I think Mr. Leonard, does and adequate job of saying that it will get published when it is complete so that it can be

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reviewed, but let me tell you, when it is complete it will be too late. It will be too late as the document is already scheduled to be utilized by ODG *Official Disability Guidelines* produced by the Work Loss Data Institute, a cost containment organization for workers compensation companies. See: http://www.worklossdata.com Once produced this document is scheduled to be disseminated via OGD and WLDI, which means it will go mainstream as soon as it is turned on. When this happens it will be difficult to turn it off, so it is very important that we look at it now before it gets turned on.

Now to cut to my chase which is difficult to do as there is a lot here, however let's look at how CCGPP got started in the first place **The Council on Chiropractic Guidelines and Practice Parameters (CCGPP)**, was formed in 1995 at the behest of the Congress of Chiropractic State Associations (COCSA). See: www.ccgpp.org Now please go to The Congress of Chiropractic State Organizations and look at the site: www.cocsa.org . To me it looks like place to go get products and services, if you will an Amway for chiropractic services, rather than a legitimate state political or trade organization, and incidentally I do not believe that the Wisconsin Chiropractic Association is a member of this group as we are not listed. Please do not get me wrong as I am sure there are very good people involved, however we need to clean up our State and National Organizations from vested interests which may cloud their objectivity and ability to do the greatest good for our profession rather than what is good for a few. I for one am tired of hidden vested interests, and they need to be cleaned up on our State Licensing Boards, and in our State and National organizations. This would start with full disclosure of all financial payments and ties to all entities so that we in the field can make informed decisions as to who we want in these positions representing us. Full financial disclosure should be mandatory when serving in these positions.

Now the one question the CCGPP has failed to answer is the financial tie of all of its members. In other words who do they work for in their day job? How many do insurance cost containment reviews? How many do IME or File Reviews for a living? Is anyone hired as an insurance consultant for cost containment strategies? In other words who are these people that we are trusting to build a major professional document that we are all going to have to live with, I think it is only fair that we have full disclosure of the financial ties of each individual person working on this document, so that we can see it is a truly non-biased document. This is a must as CCGPP states in its communications that it "is conditioned based because CCGPP was formed largely, but not only, to address problems resolved around issues of re-imbursement and this industry is in a condition based format." (Important)

Congress of State Chiropractic Organizations (COSCA) is the same group that commissioned the building of the Mercy Guidelines and now they are promoting the formation of CCGPP. Did you know that after the Mercy Guidelines were released it was rejected by almost every chiropractic organization on national, state and local levels, including the organizations which initially sponsored it, (COSCA)! Organizations and state boards which have rejected or withdrawn endorsement of the Mercy Guidelines document include: http://www.worldchiropracticalliance.org/positions/mercy.htm

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So they say it formed largely for issues around re-imbursement, well then what are their special qualifications to handle this? Every document ever produced on Chiropractic has shown it to be more cost effective, even the latest one shown in this newsletter on Blue Cross of Illinois study on the success of having chiropractors as primary care providers in their PPO setting.

"After 7000 member months of data, compiled over 24 consecutive months in a classical gatekeeper HMO model compared to normative values as published by BlueCross BlueShield HMO Illinois, our integrative medicine IPA has reduced:

- hospitalizations by over 60 percent
- outpatient surgery and procedures by 85 percent
- pharmaceutical usage by 56 percent.

*Demographic analysis of sex, age and diagnosis reveals a neutral bias of sampling in our experimental group compared to their cohorts.

We accomplished these impressive statistics by increasing access to care, not by restricting it."

See the following site for reference and look in articles to press: http://www.altmedinc.com

(My question is why are we spending so much time and energy trying to justify our cost savings when it is already well published already—even Wall Street is embracing it?)

By the way all cost savings are being shown with increased access to chiropractic care, not reduced!

Now getting back to CCGPP and guidelines, The Council on Chiropractic Guidelines and Practice Parameters, goes on to tell us that they are not developing a "Guideline" but rather a "Best Practices Document", I say then that even the name is deceptive. Does it make sense to anyone that a Council on Chiropractic Guidelines has nothing to do with "Guidelines?" You have to look this one over as this looks like a document to restrict access, not broaden it for our profession. Oh by the way here are some definitions:

Best practice may be a euphemism used in corporate management theory to avoid the negative image involved in "copying a competitor's business model". Businesses "adopt" best practices and by describing a particular innovation as a best practice, they avoid the need to attribute the innovation to a competitor. On the other hand, the advent of best practice may be due to an intellectual movement similar to open source to make business models non-proprietary and thus accelerate competition and innovation.

In medicine, **best practice** refers to a specific treatment for a disease that has been judged optimal after weighing the available outcome evidence. The term began to appear in medical, nursing, and hospital administration literature in the early 1990s, likely borrowed from business management as described above. In its early usage, it was often applied to administrative aspects of hospital and medical practice. However, by the late 1990s, "best practice" became particularly associated with the terminology of evidence-based medicine and is primarily used in that context currently. Several medical journals have adopted it as part of the titles.

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The Agency for Healthcare Research and Quality -- AHRQ (formerly the Agency for Health Care Policy and Research -- AHCPR) uses the term "clinical practice guidelines" to describe systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical conditions. These are written by independent multidisciplinary panels of private-sector clinicians and other experts, supported by AHRQ. Our committee will refer to AHRQ-type practice guidelines as practice parameters.

We need to be very wary of the CCGPP and we as a profession need to look at who is representing us on the "Best Practices Document"

Now I said that I would provide some resources to you and here it is. There is a Federal Government Guidelines Clearinghouse: You are connected to the National Guideline Clearinghouse™ (NGC), a public resource for evidence-based clinical practice guidelines. NGC is an initiative of the Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services. NGC was originally created by AHRQ in partnership with the American Medical Association and the American Association of Health Plans (now America's Health Insurance Plans [AHIP]). Click on About NGC to learn more about us, go to: www.guidelines.gov It is important to remember that this guideline site was developed by the Government, The AMA, and Americas Health Insurers, so it is a place set up for their usage.

Though this may seem complex and lengthy I have tried to make it as concise as possible. The NGC already has Guidelines established that need to be embraced. Look at the CCP Guidelines and The Washington State Guidelines. Every State should have a Guideline Published in order to protect our practitioner's from the likes or 12 visit interpretation of and diagnosis of OMS (Over Manipulation Syndrome) which has been dreamed up instead of validated. For other position papers that might interest you on the day to day topics for our practices such as, High Volume Practice, Open Adjusting Rooms, Prepayment Plans, or Caring for Asymptomatic Patients go to: http://www.worldchiropracticalliance.org/positions/positionpapers.htm

I make no statement of which organization that you should belong to, however I will make a statement that our National, State and Local Associations and Boards should represent us, the majority that practice honest chiropractic in the field. These organizations should not try to control us based on minority opinion, and anyone serving in these positions should have to make public all of their financial connections so that we can see who may be influencing our leaders. I go by the old saying, "if it does not make logical sense then follow the financial interest."

One last place to go to better understand the CCGPP is on the Council on Chiropractic Practice Clinical Practice Guidelines website at: http://www.ccp-guidelines.org I would also ask you to take a look at the contributing bodies board CCP vs. CCGPP to see who you would like to have as representing your peers?

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I hope this helped and you can bet that there will be plenty more to say in the ensuing newsletters.

Sincerely,

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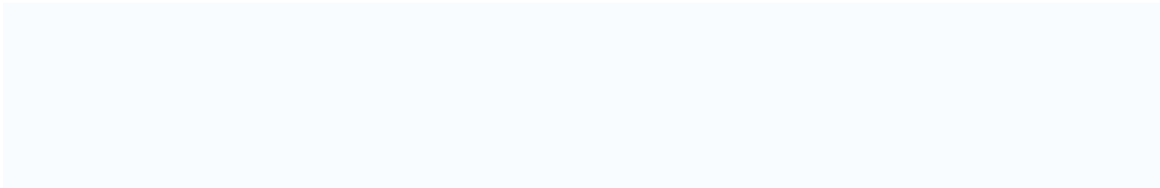

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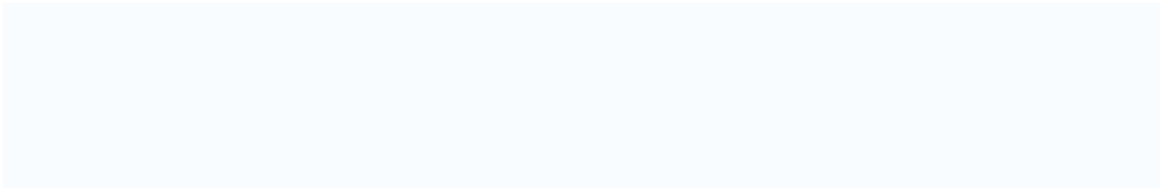

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